

Candidate Handbook

Contents

| | | | |
|---|----|--|----|
| Introduction | 3 | Fire & Other Emergences | 16 |
| MedicsPro's commitment to you | 3 | Waste Disposal | 17 |
| Welcome | 3 | COSHH (control of Substances Hazardous to Health) | 17 |
| Permanent Staffing | 3 | RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences) | 17 |
| Before you start work | 3 | Equal Opportunities | 17 |
| Code of Conduct | 4 | Complaints Policy | 17 |
| Our expectations of you | 4 | Complaints raised by a client or patient in respect of an agency worker | 17 |
| Availability | 5 | Statutory Body Referrals | 18 |
| Placements | 5 | Timescales | 19 |
| What you should expect when given a shift | 5 | Child Protection Policy | 19 |
| MedicsPro Induction & Mandatory Training | 5 | Safeguarding Children and Young People: Roles and Competencies for Health Care Staff | 19 |
| Agency Induction | 6 | Recognising the Signs of Abuse or Neglect | 20 |
| Local Induction | 6 | Allegations of Abuse or Neglect | 20 |
| Rate of Pay | 7 | Administration of Medication: Doctors | 21 |
| Attendance / Punctuality | 7 | Assistance with Medication: Health Care Assistants | 21 |
| Cancellations | 7 | Administration of Medication Registered Nurses, Midwives & ODPs | 21 |
| Direct Placements with clients | 7 | Disposal of Unwanted Medication | 22 |
| Eligibility to work in the UK | 7 | Agency Workers Regulations | 22 |
| Uniform Policy | 7 | Blood Transfusion | 23 |
| Timesheets | 8 | Useful Information: | 23 |
| The Working Time Directive | 9 | Needlestick & Sharps Injuries Definitions | 23 |
| Holiday Pay (PAYE only) | 9 | MRSA Information | 24 |
| Letting MedicsPro know when you are unable to attend work | 10 | Clostridium Difficile | 26 |
| Criminal Records Bureau Checks (DBS) | 10 | How is C. Diff diagnosed? | 27 |
| DBS Update Service | 10 | Duty of Candour & Being Open Policy | 28 |
| Occupational Health | 10 | Incident | 31 |
| Fitness to Practice | 10 | Modern Slavery & Human Trafficking Statement | 32 |
| Aids / HIV | 11 | Policies and Procedures – Recruitment and Employment Confederation | 32 |
| Professional Indemnity Insurance | 11 | Performance Indicators | 32 |
| Training and Development requirements and opportunities | 11 | Training | 32 |
| Appraisals | 11 | Key Information Document (PAYE) | 33 |
| CPD and the Appraisal Process | 12 | Key Information Document (PSC) | 35 |
| Policies & Procedures | 13 | Key Information Document (PSC) (inside IR35) | 37 |
| Absenteeism | 13 | | |
| Rehabilitation of Offenders Act (1974) | 14 | | |
| Confidentiality | 15 | | |
| Smoking | 16 | | |
| Health and Safety | 16 | | |

Introduction

Thank you for choosing to work with MedicsPro. The purpose of this Handbook is to help you understand the way in which MedicsPro operates and your role within it. It should be read in conjunction with your Contract of Employment or Terms and Conditions. We are committed to providing a quality service to our clients and to you, therefore it is essential you familiarise yourself with the contents of this Handbook.

Please keep this booklet as you may find the information useful as a source of reference now and whilst you are working for MedicsPro. If any of the sections are unclear, or if you have any questions please speak to your consultant.

MedicsPro's commitment to you

MedicsPro aims to provide you with quality placements in your chosen specialty, offering a variety of work in NHS and Private hospitals and community areas covering a wide geographical area to suit your needs.

Whether you wish to work an occasional shift or full time we are able to offer you work to fit in with your professional and social life. In addition, we will ensure you are paid competitive rates of pay for the hours you work and we also pay you holiday pay* when you decide to take a break.

If you recommend a friend to work with the MedicsPro team, we will reward you.**

We hope you enjoy working with MedicsPro.

Welcome

With an unprecedented demand for healthcare, social care and scientific staff, there has never been a better time to work for MedicsPro.

Working in partnership with many distinguished healthcare providers both within the NHS and private sector, MedicsPro offers an abundance of temporary short term and long term positions for Doctors, Nurses, Theatre Personnel, Allied Health Professionals and Health Science Staff. We have unlimited work across the UK so you can choose the positions that best suit your lifestyle

Permanent Staffing

If you are looking to develop your career, talk to our dedicated permanent team who will find the perfect job for you. Our committed team of experienced recruiters will be able to assist you with the following:

- Sourcing job opportunities
- Assistance with CV preparation
- Interview preparation
- Arranging of informal and formal interviews
- Debriefing after interview

Before you start work

Once you have completed the application process with MedicsPro, a consultant will call you to confirm that you are ready to start work. MedicsPro is unable to offer you work until the recruitment process has been completed.

Code of Conduct

Please conduct yourself in a professional manner at all times when working through MedicsPro. In particular we ask you to pay special attention to:

- Punctuality
- Standards of dress and courtesy
- Quality of care
- Consideration and respect for those around you
- Confidentiality, honesty, and integrity

All MedicsPro Doctors are required to be registered & licensed with the General Medical Council (GMC) and must therefore abide by the Code of Professional Conduct set by the GMC. We ask all candidates to behave in a way that upholds the reputation of their profession and of MedicsPro.

- You must comply with the client's procedures for the safe handling of money and property belonging to patients and service users.
- Under no circumstance will you accept any gifts, loans or gratuities from patients, service users, relatives or other interested parties.
- You are not permitted to act as a witness to the Will of any service user for whom you are providing or have provided care.
- You must not give any gifts or lend money to your patients, service users or clients.
- Do not agree to look after or safeguard any part of a patient/client's property.
- You must ensure that your registration status is not used in the promotion of commercial products or services; declare any financial or other interests in relevant organisations providing such goods and services and ensure your professional judgments is not influenced by any commercial considerations.
- When providing advice regarding any product or service relating to your professional role or area of practice, you must be aware of the risk that, on account of your professional title or qualification, you could be perceived by the client as endorsing the product.
- Most importantly, know your own limits and always ask if you are unsure of anything.

Please read the Code of Professional Conduct booklet from the NMC (www.nmc-uk.org) or the Standards of Conduct, Performance & Ethics (www.hcpc-uk.org) or ask your consultant for a copy.

Our expectations of you

- To maintain relevant GMC/HPC/NMC/GPHC registration and licensing appropriate to work that you wish to undertake.
- To bring to all bookings proof of identity such as your passport or driving licence, evidence of your membership with the GMC/HPC/NMC/GPHC.
- To act in a manner that promotes and safeguards the interests and wellbeing of patients, service users, clients and MedicsPro.
- To acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless you are able to perform them in a safe and skilled manner.
- To arrive at work on time.
- To familiarise yourself with any client specific policies and procedures (e.g. Health & Safety Procedure, Security & Fire Procedure, Evacuation Procedure, Safe Systems of Work Procedures, IV and Administration of Medicines Policies, Documentation Guidelines, etc).
- To wear smart attire and your photo ID badge.
- To report any accidents, incidents or near misses to your line manager.
- To let us know if you find a particular assignment is not to your liking so we can find you alternative work.
- To maintain and improve your professional knowledge and competence.

Availability

- Let us know when you want to work by calling the office and giving us your availability.
- Try to give us as much notice of your availability as possible.
- Alternatively, please call us to find out what work has become available. MedicsPro has many different positions from short-term placements to ongoing placements in all grades and specialities.
- Please remember to call MedicsPro immediately if your availability changes.

Placements

- The MedicsPro office is open Monday to Friday 6:00 – 23:00, Weekends 8:00 - 17:00 and our consultants are contactable out of hours on a 24hour basis.
- Shifts are received from our clients (a combination of hospitals, clinics and private individuals) throughout the day.
- When shifts are received from clients, we will call you with the details of the shift. We take into consideration the requirement of the client and match it against your skills, qualifications and work preferences.

What you should expect when given a shift

- The name of the client
- Details of the role
- The grade specialty & pay rate
- Details of on call hours if applicable
- The location and directions
- Start and finish times of the shift
- The expected length of the placement
- The dress code
- Any special timesheet requirements

Remember to take a note of ALL the details of the shift, including any placement reference number and timesheet requirements.

MedicsPro Induction & Mandatory Training

MedicsPro offer practical and online mandatory training service at the point of successful interview and prior to placement, which needs to be updated in line with the Core Skills Training Framework. This includes (but not limited to):

- Equality, Diversity & Human Rights
- Health, Safety & Welfare
- NHS Conflict Resolution
- Fire Safety
- Infection Prevention and Control
- Moving and Handling
- Safeguarding Adults
- Safeguarding Children
- Resuscitation
- Information Governance
- Mental Health Act
- Mental Capacity Act
- Physical restraint and control (if applicable)
- Interpretation of cardiographs
- Fluids and Nutrition
- Dementia Awareness
- Blood Component Transfusion
- Countering Fraud
- Preventing Radicalisation
- Complaints Handling

- Lone Worker Training
- Food Hygiene (if applicable)
- Mental Health Act
- Mental Capacity Act
- Physical restraint and control (if applicable)
- Interpretation of cardiographs
- Fluids and Nutrition
- Dementia Awareness
- Blood Component Transfusion
- Countering Fraud
- Preventing Radicalisation

Once on recruitment

- Your Healthcare Career
- Duty of Care
- Person-Centred Care
- Communication
- Consent
- Privacy and Dignity

Your training certificate will be kept on file. Should you wish for a copy, please contact the Compliance Department.

For a full list of approved providers please contact the Compliance Department on compliance@medicspro.com

Agency Induction

Upon full compliance, you will receive an induction where you will be issued with your ID Badge / Handbook and introduction to your consultant who will walk through the booking/timesheet processes and our expectations of you whilst on placement for MedicsPro.

Local Induction

Once we have confirmed you into a position, we will send you a local induction form that needs to be completed on your first shift. The induction points include;

Department Welcome

- Intro to Manager and colleagues
- Changing rooms, toilet, lockers
- Staff rooms and restaurants
- Explain role of the individual within the department and lines of responsibility
- Explain departmental structure, function, aims and objectives
- Relevant local Policies and Procedures
- Incident reporting procedures
- Layout of the Department
- Security
- Personal belongings
- ID Badge

Fire Procedures & Fire Safety

- Fire exit points/fire doors/alarms/extinguishers
- Raising the alarm
- Evacuation procedure
- Assembly Points
- Emergency Telephone numbers

Clinical Issues (where applicable)

- Medication common to the area
- Resuscitation arrangements
- Waste disposal
- Any medical equipment training requirements
- Any additional information essential to the ward / department.

It is the duty of the individual to ensure that the local induction is completed on the first shift in a new assignment.

Rate of Pay

MedicsPro offers competitive hourly pay rates, which vary according to grade and specialty. You will be advised of the rate of pay when you are offered a placement.

Attendance / Punctuality

If you accept a booking you must ensure that you arrive on time. If you are unable to work it is essential that you let us know as soon as possible.

Cancellations

Due to the nature of temporary work, the requirements of our clients may change resulting in the cancellation of your placement. In some cases this can occur at very short notice. In the event of a cancellation we will try to contact you as soon as possible. If you are cancelled from a placement, MedicsPro will always endeavour to find you alternative work. If the placement is cancelled when you arrive at the client's site, it is important that you call the office immediately and get a timesheet signed by the client that you have been cancelled from.

Direct Placements with clients

In some circumstances, the client may approach you directly with work. It is essential that if you are booked in this way you inform MedicsPro immediately.

Eligibility to work in the UK

You must have current eligibility to work in the UK. Please inform MedicsPro immediately if your right to work status changes whilst you are working for MedicsPro.

Uniform Policy

MedicsPro is committed to providing the highest standard of professional staff. With this in mind, all Agency Workers undertaking assignments for MedicsPro will be obliged to abide by the Uniform Policy as set out below.

MedicsPro supplies all employees with a standard uniform. This must be worn at all times when working on an assignment through MedicsPro.

MedicsPro will provide a tunic uniform. It will be the responsibility of each Agency Worker to ensure that they are suitably dressed for the work they are to carry out. MedicsPro requires all RGN/HcAs to wear navy or black trousers with the tunic provided and navy or black shoes.

The other elements of the uniform for which each Agency Worker is responsible for providing (trousers and shoes) must allow them to work safely, must not offend service users and must

create a positive and professional image.

The uniform is to be worn for clinical work only. MedicsPro advises that all RGNs/HCAs do not wear their uniform when travelling to and from your place of work.

Should you require further uniforms from MedicsPro these can be purchased at a cost of £20.00 per tunic. All uniforms provided by MedicsPro will have an embroidered MedicsPro logo at the front. The identification badge provided at the point of registration must be worn at all times when on duty. For those Agency Workers who do not require a uniform you will be expected to maintain the appropriate standards of dress required for your profession and as directed by any client you will be working with, which falls within the scope of the position you will be working in. Other elements of dress attire and presentation that must be adhered to when working for MedicsPro are as follows:

Fingernails: Short and clean. No nail varnish, No false fingernails.

Hair: Clean, well groomed, tied up or out of the way appropriately for the delivery of care.

Jewellery: Body piercing of any description should not be visible, Facial jewellery should be of an absolute minimum and of a size that cannot be caught or grabbed by a service user. MedicsPro required that only one facial stud be worn (either through the lip or through the nose). Any jewellery that is to be worn should not pose a risk of injury to any person.

Makeup: Makeup can be worn by an Agency Worker but must be worn in a way that adheres to the essence of this policy. Where there is a dispute between an Agency Worker and the client manager regarding the style and manner in which the makeup is applied the client's manager decision must be adhered to. If however it is deemed by the Agency Worker that the client manager has acted unfairly or unreasonable then we would refer all Agency Workers to MedicsPro grievance procedure.

Footwear: Shoes/footwear should be clean. They should provide appropriate support and protection for the delivery of care. Sandals and backless shoes should not be worn. Stiletto heels must not be worn at any time. For theatre personnel only, appropriate footwear may be supplied by the client.

Legs and Torso: Black or navy trousers or skirts may be worn. They must be clean and in good order. Skirts should not be worn any shorter than 1 inch above the knee.

Garments which are comfortable to work in and do not expose any body parts in an inappropriate manner should be worn. MedicsPro advises all tattoos other than arm tattoos to be concealed. Failure to adhere to the uniform policy and to dress in a professional, safe and decent manner will lead to disciplinary action being taken.

Timesheets

Timesheets run from Monday to Sunday. Please submit your timesheet to us no later than Monday 11am in order to be paid the following Friday. Deadlines may change around Bank Holidays – we will have details and will inform all Members in advance. Payments are made directly into your bank/building society / Limited Company accounts by BACS (Please make sure we have the correct details). It is your responsibility to ensure your timesheet is legible, completed correctly and has been authorised and signed by your manager – payment may be delayed if this is not the case.

In particular please ensure:

- You complete the correct week ending date
- The date and times you worked, excluding any breaks taken are correct
- The total hours and basic pay columns are correct
- There is the dated signature of the line manager at your assignment
- You have signed the timesheet

If you have any problems with timesheets or payment, please contact us.

When approaching candidates pay, MedicsPro will undertake a twofold approach to ensuring that our processes and procedures are fit for purpose.

Upon registration with MedicsPro, our candidates are offered the MedicsPro PAYE payment vehicle. Candidates may opt to choose alternative payment vehicles including umbrella companies from the MedicsPro approved supplier list; www.medicspro.com/key-info-documents.

We understand that it is unethical to promote, advise, restrictively select or discriminate one umbrella company over another. As such, MedicsPro will carry out full and frank compliance due diligence on all Umbrella companies ensuring they are compliant with all legislative requirements as issued by HMRC. Once approved, the umbrella company is included on an approved supplier list that is made available to all candidates upon registration. It is the responsibility of the candidate to make contact with the umbrella company of their choice.

MedicsPro conducts an annual review of all approved umbrella companies that meet the requirements to ensure their continued adherence to HMRC legislative requirements. Companies not meeting the standards set by MedicsPro are advised accordingly and removed from the approved supplier list until they are able to demonstrate full compliance. In circumstances where existing workers are registered with said unapproved umbrella company, alternative options from the approved list are provided.

The Working Time Directive

MedicsPro is required to take responsible steps to ensure that you do not work more than an average of 48 hours a week over a 17-week period. However, you are entitled to choose to work more than the 48- hour limit by opting out of the Working Time Directive.

Holiday Pay (PAYE only)

As a PAYE member you start accruing holiday pay as soon as you begin work through us and can request this from us at anytime. Holiday entitlement is 4 weeks per annum for full time workers (37.5 hours per week) – apportioned pro-rata for part time workers. The holiday year ends 31st December – please be sure to arrange holiday in advance of this date. Your current accrued holiday pay is shown on your weekly payslip.

Letting MedicsPro know when you are unable to attend work

Please call MedicsPro at least 6 hours before your shift if you are unable to attend work to enable us to seek alternative cover. We would ideally need 24 hours notice.

Criminal Records Bureau Checks (DBS)

We are required by the NHS England framework agreements and NHS Employer Check Standards to obtain an enhanced DBS check for all workers which includes an ISA Children's and Vulnerable Adult's list check prior to your first placement with MedicsPro and again usually on an annual basis. Your consultant will contact you when an update is required. If you have entered the UK within the last 6 months, you must also provide us with a clear Police Check from your country of origin dated within the last 3 months. If you did not obtain this prior to entering the UK more information can be found at www.dbs.gov.uk or by contacting the Compliance Department.

DBS Update Service

Where possible, please ensure that your DBS is subscribed to the update service. This will give MedicsPro real time information about the validity of your DBS check and as long as no new information is disclosed within your DBS then you may not need to apply for another DBS. The cost for this is £13 per year. For more information, please see <https://www.gov.uk/dbs-update-service>.

Occupational Health

When you received your application pack to join MedicsPro, you will have been asked to complete a Health Questionnaire to ensure that you are fit to carry out the duties required. In line with current Department of Health guidelines, MedicsPro is required to conduct occupational health pre-employment screening prior to your first placement. This must also be updated on an annual basis. The Compliance Department will contact you when an update is required.

We will require your immunisation records as follows:

- Hepatitis B immunity level
- Varicella (chicken pox)
- Rubella
- Tuberculosis
- Measles
- Mumps

In addition, if your role involves Exposure Prone Procedures, we also require blood reports for:

- HIV
- Hepatitis C
- Hepatitis B Surface Antigen

To comply with legislation brought into effect in 2008 all EPP bloods need to be identity validated.

Fitness to Practice

It is important for your own health and that of those in your care that you are fit to practice whenever you attend an assignment. You must declare your fitness to practice or otherwise when you accept an assignment. Please report illness, especially vomiting or diarrhoea, ear, nose or throat infection or skin conditions to your consultant. Because of the potential risks to an unborn child, you **MUST** let us know if you become pregnant. If you are concerned that your placement involves unnecessary risks to your health or fitness or that of your unborn child, please do not hesitate to contact us. This is important, as we are required to perform a health and safety risk assessment for all expectant mothers. The client may request that you undergo a medical prior to commencing work.

Aids / HIV

If you believe you may have been exposed to HIV infection in any way you should seek medical advice from your GP and where appropriate, undergo diagnostic HIV antibody testing. If you are found to be infected, you must again seek guidance from your GP. Please be aware that the above guidance does not supersede current Department of Health Guidelines (in particular HSC 1998/226) or local practices and procedures. Any information that you disclose will be held confidentially.

Professional Indemnity Insurance

You are professionally accountable for all your practice, MedicsPro requires you to have your own Professional Indemnity Insurance. If you do not already hold this, please contact the MDU (0800 716376) the MPS (08457 187 187) or another suitable organization to arrange the relevant cover.

Training and Development requirements and opportunities

To assist you in your CPD, MedicsPro will make a contribution towards your CPD. This will be based on your length of service and hours worked.

Appraisals

For AHP, HSS and Nursing, the need for a comprehensive appraisal scheme for locums has been underlined by the development of clinical governance in the NHS and the development of continuing professional development (CPD) within the NHS, Private and Charitable sectors. The particular needs of agency locums have been somewhat ignored in the development of appraisal and career development strategies. At MedicsPro we believe that agency locums are an essential resource within the NHS and private sector.

A resource to be valued, supported, invested in and nurtured. Appraisal is an important step within that investment process, as it is a necessary reflective step towards identifying key individual professional development needs.

What will appraisal be based on?

The content of the appraisal will be based on seven core areas.

- The candidate's personal appearance and conduct
- The candidate's general skills and abilities (e.g. communication skills, team working skills, management skills etc.)
- Areas of practice where candidates may require additional training and development
- The candidate's strengths and weaknesses
- The candidate's achievement in the position
- Perceived areas where the candidate needs to improve
- The candidate views on the quality of service provided by MedicsPro.

In addition, the candidate will be given an opportunity to address any other relevant areas that may arise.

Will there be standardised documentation for appraisal?

Completion of documents prior to appraisal provides the basis for constructive dialogue between an appraiser and the appraised. It allows a record to be made both the reflection on past performance and identified professional development needs. The MedicsPro locum appraisal will make use of standardised documentation, which should ensure that information from a range of client representatives will be recorded and expressed consistently. The documentation will provide a formal, supportive, consistent structure to the appraisal process. It covers the process in sequence and suggests the information and evidence that the parties to appraisal wish

to bring to the process. All MedicsPro documents within the appraisal process will be reviewed a minimum of annually, or as required by law or industry regulations. *How often will appraisal take place?*

It is MedicsPro's policy to undertake appraisals following the first 6 months of employment, 12 months after employment and every 12 months hereafter. Our appraiser will review the information contained in these appraisal forms to assess the standard of the candidates' general performance and the level of their professional skills. Where a locum is newly registered or has returned to work following a career break, they will be appraised twice in the first 3 months of employment. During the candidates' appraisal meeting, the appraiser will provide the candidate with feedback on the level of performance. In addition to the matter referred to on page one, this will include a discussion of areas where the candidate has performed well, areas where there is a need for improvement and areas where a candidate may wish to undertake training to develop new skills.

Where do appraisals take place?

This will take place either at a pre-arranged private area or at one of MedicsPro's offices.

CPD and the Appraisal Process

Continuing professional development is a key component in the appraisal process and these requirements are a condition of continued professional registration. In order to ensure that an individual locum complies with this, the appraisal process provides the opportunity to investigate potential learning opportunities. In addition, appraisal as a reflective process provides the opportunity to maintain a reflective record, which can then be submitted as evidence of Continued Professional Development.

Continuing Professional Development

The appraisal process concludes with the production of a Professional Development Plan. Essentially this involves looking at any staff development needs the locum may have, and how these can be achieved and funded. Appraisal is defined as a staff development opportunity – we at MedicsPro hope that you will find it supportive, useful and that it will assist you to reach your potential.

For Professionals Registered with the Health Professional Council

The HCPC has defined Continuing Professional Development (CPD) as:

"A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice."

In order to maintain your registration with the HCPC:

- You must keep a record of your CPD
- You must make sure that your CPD is a mixture of different kinds of activities – not just one kind of learning – and that it's relevant to your work. It could be relevant to your current role or to a planned future role.
- You should aim for your CPD to benefit service users. As above, you may not be able to make sure that this happens, but you should have the intention of benefiting service users. Depending on where and how you work, service users might include patients, clients, your team, or students.
- For more information, download the CPD info from www.HCPC-uk.org

Nurses, Midwives & Health Visitors – Meeting Prep CPD and Practice Standard

When Nurses, Midwives and Specialist Community Public Health Nurses renew their NMC pins or re-register they must have undertaken and recorded at least 5 days (35 hours) of learning in the previous three years. This is called the PREP (CPD) standard. Practitioners can complete their 35 hours of learning in a wide

variety of ways; it does not have to cost any money. Basically, any activity that maintains and develops your professional competence is suitable. Practitioners must also have completed a minimum 450 hours practice, in each area of practice, during the three years prior to renewal of registration. This is the PREP (practice) standard. For more information about this please read the PREP Handbook available from www.nmc-uk.org

Revalidation for Nurses

For revalidation, practitioners must demonstrate the following;

- 450 hours worked within the last 3 years
- 35 hours of CPD Learning with 20 hours participatory
- 5 feedbacks taken from service users, colleagues, relative of patients and students
- Proof of indemnity
- 5 reflective accounts

All of these must be evidenced during the three years prior to renewal of registration. Appraisal reviews will be done at least 6 to 8 months after your first day of working. Thereafter 12 monthly appraisals will be carried out with the Clinical supervision of the Nurse Manager.

We will ensure that the appropriate support and advice will be given to help the nurse to revalidate according to the NMC guidelines. More information available on www.nmc-uk.org.

To book your appraisal or revalidation, please contact your Clinical Nurse Manager.

Doctors

We have a separate policy for Doctors appraisals that comply with current regulations for Medical Revalidation. Please contact the Compliance Manager for a copy of this policy or to arrange an appraisal.

Continued Professional Development for Doctors

In order to maintain registration with the GMC, you are required to maintain and improve your standards by undertaking continuing professional development. As defined in 'Good Medical Practice' you must keep your knowledge and skills up to date throughout your working life. You should take part regularly in educational activities which maintain and further develop your competence and performance. Doctors are responsible for keeping themselves up to date in all areas of their practice.

Policies & Procedures

Many of our clients have their own specific policies and procedures. When you start work at any client it is important that you make yourself familiar with ALL policies and procedures relating to the work you are undertaking e.g. clinical procedures, infection control, fire safety, confidentiality and child protection.

Absenteeism

If you are absent from work on any day not pre-arranged you must ring your MedicsPro Consultant no later than 6 hours before your assignment was due to start. You must state the reason for your absence, what actions you are intending to take to ensure your return to work as soon as reasonably practicable, and when you hope to return to work. Thereafter you must continue to notify your MedicsPro Consultant of your absence on a daily basis unless you have submitted a Doctor's medical certificate.

In all cases of sickness absence, you must submit a Company Self Certification Form immediately on return to work. In accordance with SSP regulations, failure to submit a Self Certification Form will

result in no payment for periods of sickness. In the event of that absence exceeding seven continuous days due to sickness or injury, you must also submit a Medical Certificate as soon as possible. Thereafter, further

Certificates must be submitted covering all absence until you resume work. Failure to follow the above rules will result in any payment from the company, including statutory sick pay, being withheld and could result in disciplinary action being taken against you. Where an associate is absent through sickness (or sickness is given as the reason) or any other combination of days which clearly reflect an ad-hoc attendance pattern or where the absence record is cause for concern, the associate will be asked to attend a formal disciplinary hearing where the attendance record will be discussed.

The Company reserves the right to arrange for a medical examination by an independent medical practitioner, or to request a report from your own doctor/specialist, to ensure that you are fit to continue or undertake your job, or to determine your current state of health. Full consultation will take place with you in this event.

Rehabilitation of Offenders Act (1974)

Policy Statement

As an organisation using the Criminal Records Bureau (DBS) Disclosure service to assess applicants' suitability for positions of trust, MedicsPro complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. It undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of a conviction or other information revealed.

MedicsPro is committed to the fair treatment of its staff, potential staff or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependents, age, physical/mental disability or offending background.

We have a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

We actively promote equality of opportunity for all with the right mix of talent, skills and potential, and welcome application from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.

A Disclosure is only requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within MedicsPro and we guarantee that this information will only be seen by those who need to see it as part of the recruitment process.

Unless the nature of the position allows MedicsPro to ask questions about your entire criminal record, we only ask about 'unspent' convictions as defined in the Rehabilitation of Offenders Act 1974.

We ensure that all those in MedicsPro who are involved in the recruitment process have been suitably trained to identify and access the relevance and circumstances of offences. We also ensure that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders e.g. the Rehabilitation of Offenders Act 1974.

At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matters that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

We make every subject of a DBS Disclosure aware of the existence of the DBS Code of Practice and make a copy available on request.

We ensure to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences.

Confidentiality

MedicsPro Limited operates a of information policy which must be signed by all workers via the locum handbook.

All information relating to the work of MedicsPro Limited and its clients is strictly confidential. Under no circumstances should this work or the behaviours of the clients be discussed with members of the general public or any other service users. Discussions with relatives should be confined entirely to the behaviour of that relative. Any information should only be shared on a "need to know" basis.

Personal letters to parents / relatives or other outside agencies are a breach of confidentiality. All outgoing mail concerning the service user must go through the manager.

Staff members and other adults should never give absolute guarantees of confidentiality to persons wishing to tell them about something serious. They should however, guarantee that they will only pass on information to the minimum number of people who must be told to ensure proper action is taken to deal with the problem. They must assure clients that they will never tell anyone who does not have a clear "need to know" and that they will personally take whatever steps they can to protect the informing adult from any retaliation or unnecessary stress that might be feared after a disclosure of alleged abuse has been made.

Confidentiality is a duty of all staff (and other persons connected with our organisation) in any instance, but particularly in relation to issues of abuse and vulnerable adults who may be at risk. It is a duty not only in terms of the Policies and Procedures of the organisation but also in terms of the expectation of the people we work for, relatives, Case Managers, Social Workers, etcetera and probably most importantly, ourselves. It is also our legal obligation (under stature) to keep all personal information confidential.

We are entrusted with a wide variety of information on a "need to know" basis and are often required to work on a regular basis with information that is exceedingly sensitive. It is a breach of both professional codes of conduct and the law, to reveal information about a person we are working with or for, without the express consent of that person and of the Manager and the person who has supplied that information. Any breach of this code and any discussion of unofficial information about any person will be treated as a serious matter and will lead to disciplinary action.

Data Protection

You should adhere to the principles set by EU General Data Protection Regulations 2016 and Data protection Act 2018.

Anyone processing data must comply with the enforceable principles of good practice:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data Minimisation
- Accuracy
- Storage limitation
- Integrity and confidentiality
- Accountability

As stated in our Privacy Notice (<https://www.medicapro.com/privacy-policy>) MedicsPro stores and processes your personal data for the purpose of providing employment services to your and to comply with our legal obligations.

The details we store about you concern a wide variety of matters. These include – but are not limited to – your contact details, references, education, and employment history. We also store special category data concerning your health, criminal record, and ethnic origin. We may collect from your details relating to another individual, for example, details of a person to contact in case of emergency or to provide an employment reference for you. It may, in certain circumstances be necessary to disclose your personal data with:

- Customers, suppliers or clients
- Third parties who provide services to MedicsPro
- Business partners or third parties involved in the management of MedicsPro business, as a result, for example; a joint venture, a merger or outstanding contract.
- The relevant regulatory authorities, including external auditors
- Other third parties where required by law

In all cases, third parties to whom your personal data is disclosed for processing on behalf of MedicsPro will be contractually obliged to use the data only for the relevant purpose or purposes specified in our Privacy Notice.

Smoking

You are not permitted to smoke except in places where it is expressly permitted. Smoking on duty is forbidden. Please remember that if you smoke the smell remains on your clothing which people may find offensive.

Health and Safety

All employees have a duty under section 7 of the HSW Act 1974 to take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work. Therefore all candidates must use all work items provided for them correctly; in accordance with their training and the instructions they received to use them safely.

Regulation 14 of the Management of Health and Safety at Work Regulations 1999, states that:

- Every employee shall use any machinery, equipment, dangerous substance, transport equipment, means of production or safety devices provided by his employer in accordance both with any training in the use of the equipment concerned which they have received, and the instructions respecting that use which have been provided by the employer in compliance with the requirements and prohibitions imposed upon that employer by or under the relevant statutory provisions.
- Every employee shall inform his employer or any other employee of that employer with specific responsibility for health and safety of his fellow employee:
- Of any work situation which they consider represents a serious and immediate danger to health and safety
- Of any matter which they consider represents a shortcoming in the employer's protection arrangements for health and safety

We will let you know about any specific hazards relating to your place of work that we have been notified about. If there is a problem regarding health and safety with your or your workplace, please discuss it with your consultant.

Fire & Other Emergences

All clients have evacuation procedures in order to prevent injury to persons and avoid impending emergency services. For your own safety and that of other people you must familiarise yourself

with, and adhere to, fire regulations and procedures. It is the smoke from the fire that kills. If you see, or suspect a fire, act immediately. Never try to tackle a fire yourself – call the emergency services immediately.

Waste Disposal

All candidates have a responsibility to comply with local waste disposal procedures. These include the requirement to dispose of waste materials safely and correctly.

COSHH (control of Substances Hazardous to Health)

Control of Substances Hazardous to Health Regulations 1999: COSHH requires employers to control exposure to hazardous substances to protect both employees and others who may be exposed from work activities. All candidates must adhere to the client's COSHH requirements, at their workplace.

Please refer to your Health & Safety training guidelines for more information about COSHH and the role you play.

RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences)

The reporting of injuries, diseases and dangerous occurrences regulations 1995 (RIDDOR) places a legal requirement on employers, self-employed people and people in control of premises to report work related deaths, major injuries, injuries that result in more than three days off work, work related diseases, and dangerous occurrences (near miss accidents) to the HSE.

If during the course of your work you identify a risk to the health, safety, and welfare of your own personal safety, and/or that of your colleagues, patients or service users, you have a duty to report this to your MedicsPro consultant. Please refer to your Health & Safety training guidelines for more information about RIDDOR and the role you play.

Equal Opportunities

MedicsPro seeks to offer equality of opportunity to all candidates and will treat all allegations of discrimination with the upmost seriousness. In accordance with these principles, candidates may not discriminate on the grounds of race, ethnic origin, nationality, colour, religion or belief, age, gender, sexual orientation, marital status or disability.

Complaints Policy

General Principles

- The Clinical Governance Team will handle all verbal and written complaints, reporting them and according on the relevant databases and will be dealt with the clinical complaints case coordinator, as far as possible. If deemed serious enough these will be escalated to the Clinical Nursing Lead
- The complaints policy is reviews every quarter by the clinical governance team in conjunction with the Quality Assurance Policy for continual improvement
- All complaints will be reviewed weekly by the Clinical Complaints Panel
- For cases that are triaged 'amber' to 'red' these will be reviewed in accordance with the relevant statutory body code of conduct and will be considered for referral to the relevant body
- Poor performance issues are addressed in the Policy for Training, Development and Appraisal Document

Complaints raised by a client or patient in respect of an agency worker

All complaints – whether they are verbally communicated or in writing will be dealt with via the following procedure:

- Where complaints are verbal, the clinical complaints team will ask for a request to be made formally in writing. This is to create an audit trail between the client and the agency in respect of the details of the complaint.
- Where this is not the case a reflective account of the discussion will be made by the case coordinator and emailed to the relevant party for verification of the discussion
- Once a complaint is received a Complaints Action Log will be created covering the relevant information required by the Agency to investigate the complaint
- Where the case coordinator has not received enough information to complete a Complaints Action Log, they will make further request for information from the client
- Each case will be triaged according to the complaints triage matrix
- The case coordinator will consider each complaint and respond/inform the necessary parties by written acknowledgment within 3 working days of the date on which the complaint was made
- In cases where further information is requested, both candidates and client will be informed of the status update of the case
- The candidate concerned will be contacted and informed of the matter by the case coordinator along with a complaints guide outlining the process. Depending on the triage of the case either a request for formal statement (for green/amber cases) or invite to formal investigation (all red cases will be made)
- The case coordinator will coordinate with the relevant teams informing them of the category of complaint, any restrictions in place and expected timeframe for closure. The full nature of each complaint is not discussed with the sales teams
- On receipt of written confirmation of a complaint from the client, the Clinical Governance Team in conjunction with the Clinical Complaints Panel will decide as to the best method by which the complaint should be handled. Depending on the nature of the complaint this will include a decision on the level of investigation deemed necessary
- Where complaints are categorised as 'RED' which is of a more complex nature, and then CNM cannot come to an agreeable outcome with the parties involved, the Clinical Governance Team will refer the matter to the Clinical Complaints Panel who will have the overruling decision as to the outcome of the case, taking into consideration all facts of the case
- Where a candidate has multiple complaints, this will automatically be triaged as a 'RED' case for full review by the Clinical Lead, where multiple complaints have been upheld by the Clinical Lead the decision may be taken to archive/remove from use the candidate from the agency databases and the appropriate action taken in terms of notifying statutory bodies (please refer to Statutory Body Referrals for further guidance)
- In all cases, MedicsPro will keep all parties informed, and will fully record all details throughout the complaint process

Statutory Body Referrals

In some cases, clients may believe a case warrants a statutory body referral. Where this is the case the Clinical Governance Team will work closely with Trust Leads to fully investigate issues and make recommendations as to the best course of action.

- In all cases where an investigation has been undertaken by the Agency and all parties believe there are grounds for a Statutory Body Referral, the Agency will work with the client to determine who the referral is made by
- Where a referral is being made, the candidate will be informed, formally in writing, of a decision to refer their case to a Statutory Body
- The Clinical Lead will work closely throughout the process with all three parties involved

namely, the client, the candidate and the statutory body and will keep lines of communication open between all three throughout the process

- All referrals will be discussed at the clinical complaints panel each week until such time a resolution is found
- Where an investigation by the Agency has found no substantial evidence to support a referral, the Clinical Lead will continue to work with the trust to identify the reason for referral
- Where an investigation is unable to substantiate an allegation, the Agency may refer the case to the relevant statutory body for them to rule on the case

In all cases, where fitness to practice is called into question, the clinical lead will discuss with the relevant statutory body whether it is safe to continue to work the candidate.

In certain cases, the Clinical Lead may decide to suspend all lines of work with the Agency whilst a referral is being made to best protect the client, candidate and the public.

Timescales

It is in the intention of the Agency to deal with all complaint within the below timeframes, in exceptional circumstances the process may fall outside of the given KPI. Where this is the case the parties involved will be informed of the reason why the case has fallen outside of the given KPI, this be presented to the Clinical Complaints Panel and justification will be requested. This justification will be noted on the case file for future reference.

The complainant will be kept informed in writing on a regular basis as the progress of the investigation

Where this is not the case a full investigation as to the failure to meet the KPI will be completed

The timelines given in stage 2 and 3 are a approx.. guide as to when specific tasks should be completed

All complex cases will be closed within a 90-day window

Child Protection Policy

'The child's welfare is paramount and should be safeguarded and promoted by all staff'

It is the policy of MedicsPro:

- To ensure all children are treated as individuals and protect their right to be treated as individuals.
- To ensure each child encountered in the course of providing services is protected from all types of abuse and neglect.
- To ensure that MedicsPro does everything possible to prevent, report and tackle abuse whenever it is encountered.
- To comply with the Department of Health Guidance on multi-agency policies.

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff

Safeguarding Children and Young People: Roles and Competencies for Health Care Staff has been produced by the Royal College of Paediatrics and Child Health to clarify the competencies required by all health staff to safeguard children and supplements the information set out in Working Together to Safeguard Children, 2006, and has been developed with advice from Skills for Health. Following every serious case of child abuse or neglect there is considerable consternation that greater progress has not been made to prevent such occurrences. Reviews and enquiries across the UK, over the last three decades, often identify the same issues – among them, poor communication and information, sharing between professional and agencies, inadequate training

and support for staff and failure to listen to children.

The outcome of these reviews and enquiries is clear; that all who encounter children and young people have a duty to safeguard and promote their welfare and should know what to do if they have any concerns.

Six levels of staffing have been identified; level one applies to all staff working in health care settings (clinical and non-clinical) and therefore applies to any MedicsPro member of staff. As a result, you should, as a minimum:

- Understand what constitutes child abuse
- Know about the range of physical and emotional neglect, and sexual abuse
- Be able to recognise the signs of child abuse
- Know what to do when you are concerned that a child is being abused
- Be able to seek advice and report concerns, ensuring that they are listened to
- Know about local policies/procedures
- Understand the importance of sharing information, how it can help and the dangers of not sharing information
- Know what to do if they experience barriers to referring a child/family

Your mandatory training includes a module on the Protection of Children which will cover these areas and subsequent refreshers will also be provided. Please speak to your MedicsPro Consultant if you have any questions.

Recognising the Signs of Abuse or Neglect

You must always be alert to the signs of abuse, which can take many forms.

- Verbal/Psychological abuse – such as using demeaning language or name calling, provoking, or frightening the service user or subjecting them to witness unpleasant acts. The person may appear frightened, nervous, irritable, or withdrawn.
- Physical abuse – such as rough handling, slapping, punching, or burning. Look for marks and bruises that cannot be adequately explained. The person may wince or withdraw from you when you approach them.
- Sexual abuse – people who have been sexually or indecently assaulted may have soreness or bleeding in the genital area.
- Financial abuse – such as using someone's credit card or cheque book to steal money without them knowing or stealing valuable or sentimental items. The person may appear worried or withdrawn.
- Neglect / deprivation – such as the withholding of basic rights or comforts such as food, light, heating, medication, or personal hygiene. The person may appear dirty or be inappropriately dressed for the time of year.

At each new client, please familiarise yourself with any policies and procedures related to abuse and be aware of the signs that may indicate abuse or neglect. If you suspect any form of abuse or neglect is taking place, report it to MedicsPro immediately/

Allegations of Abuse or Neglect

MedicsPro will take seriously any allegations of abuse by or neglect against staff working through us. If we receive complaints of this sort against you we may not be able to offer you work whilst the allegation is being investigated. Ultimately, if allegations are well founded, we may not be able to offer you work in future and it may result in a referral being made to POCA/POVA.

Whistle Blowing

Whistle Blowing is the disclosure of confidential information that relate to danger, fraud* or other

illegal or unethical conduct connected with work including abuse or neglect of patients or service users. This disclosure may relate to concerns regarding:

- The location in which you currently work or have worked
- MedicsPro
- A fellow MedicsPro locum
- A member of the MedicsPro team
- Any other party e.g. a patient or service user's relative
-

*Common types of fraud within the NHS include professionals claiming money for shifts not worked (commonly known as 'timesheet fraud'), patients falsely claiming exemption from optical, dental or pharmaceutical charges ('patient fraud') and staff working in unauthorised jobs while on sick leave. Please visit <http://www.nhscounterfraud.nhs.uk> for more information. Under the Public Interest Disclosure Act 1998, associates who speak out, in good faith, against corruption and malpractice at work have statutory protection against victimisation and dismissal.

MedicsPro encourages an open culture, which recognises the potential of our associates to make valuable contribution to protecting public interest. If you would like to see a full version of the MedicsPro Whistle Blowing process, please ask your MedicsPro consultant.

The aims of whistle blowing are:

- To protect the public
- To ensure the safety and protection of patients & service users
- To provide avenues for associates to raise concerns
- To receive feedback on any action taken
- To inform associates how to take matters further if they are dissatisfied with the response to such action
- To reassure associates that they will be protected from reprisals or victimization for whistle blowing in good faith

Administration of Medication: Doctors

Please refer to the GMC Guidance on Good Practice and any client specific policies relating to the administration of medication.

Assistance with Medication: Health Care Assistants

It is the policy of MedicsPro that Health Care Assistants may not administer medication (including homeopathic or non-prescription remedies) without specialist training. Health Care Assistants may only assist or prompt patients in taking medication (by aiding the patient with water or repositioning).

Assistance may only be given where the medication is supplied in a monitored dosage system such as a dosette box, nomad dispenser or blister pack.

Administration of Medication Registered Nurses, Midwives & ODPs

If you are a registered nurse or midwife you should familiarise yourself with and follow the latest version of the Nursing and Midwifery Council Guidelines for safe practice in the management and administration of medicines. Midwives should also refer to the NMC Midwives rules and conduct of practice for specific additional information. These are available at www.nmc-uk.org or ask the compliance department for a printed copy.

If you are an ODP you should familiarise yourself with and follow the latest version of the AODP Standards of Good Practice Guidance in Relation to Controlled Drugs and a Guide to Good Practice in Relation to Controlled Drugs.

Medication should only be administered by a Registered Nurse, Midwife, ODP or by an appropriately trained person.

When administering Medication, locums should:

- Check that the medication is recorded in the Care Plan, medication chart or patient record.
- Understand the therapeutic use of the medication administration, its normal dose, side effects, precautions and contra-indications of its use.
- Be certain of the identity of the service user to who the medication is being given.
- Check that the prescription of the label on the medication is clear and relates to the service user or patient.
- Check the expiry date.
- Check that the service user or patient is not allergic to the medication.
- Keep clear, accurate and signed records of all medication administered, withheld or refused in the patients or service user's care Plan, medication chart or patient record.
- Any mistake or error in administering drugs must be reported to your line manager immediately.
- Locums should never in any circumstances administer medication which has not been prescribed, give medication against the wishes of the patient or alter the timing or dosage of medication.

Mistakes should not be covered with correction fluid or scribbled out so as illegible. One line should be scored through the mistake and your initials and date written next to it. Records should not include abbreviations, jargon, meaningless phrases, irrelevant speculations, and offensive subjective statements. Please bear in mind that full records are essential should any questions be raised about the care and standards of care delivered.

Disposal of Unwanted Medication

Please refer to the client's policy on the disposal of unwanted or surplus medication.

Reporting Drug Errors

If you make an error, identify an error or have concerns over a patient or service user or their medication, you must report it immediately to your line manager at your place of work and, where appropriate to the medical practitioner or prescriber. Midwives should also inform their supervisor midwives as soon as possible after the event.

Agency Workers Regulations

What are Agency Workers Regulations?

The Agency Workers Regulations (AWR) give temporary agency workers equal treatment, with regards to pay and certain working conditions. The worker must complete 12 weeks of service which must be with the same client, in the same role, to qualify ("The Qualifying Period").

What does this mean for you?

From Day 1 of every assignment, you undertake from October 1st 2011, you are entitled to information on relevant vacancies at the client where you are working so ask your consultant how to access this. Also, if the client organization where you work offers employees collective amenities and facilities (such as canteen, childcare facilities, etc) you get the same access to some of these (unless there is a good reason why you should not). Again, your consultant will let you know how to find out about what is available.

When you start working at a client, this will count towards your 12-week qualifying period. The 12-week qualifying period is not necessarily a continuous period of 12 weeks. There are certain breaks that pause, stop or re-set the clock so it very much depends on your job roles and working patterns. Agency workers who reach their qualifying period will be entitled to the same basic pay and certain working conditions as if you had been directly recruited by the client to do the same role. Your consultant will be able to advise you on this with more detail based specifically around your job role (s) and conditions. We will need to ask you some questions when you are being

booked into a job about any recent assignments or shifts you have worked at the same client. This is because we need to keep track of your 12-week qualifying period so it's very important that you answer the questions accurately.

Thirdly, the regulations state that if you change into a different role we must notify you of your new duties, so you may receive additional communication from us via text or email.

Lastly, if your pay or entitlements as an agency worker are lower than if you were recruited directly, then you may be entitled to an enhanced pay rate or entitlements. As a result, your payslip may look slightly different. Again, your consultant will be able to advise you if this applies to you.

Blood Transfusion

All Nursing Agency staff are not permitted to carry out blood transfusions.

Agency staff may:

- Monitor the patient undergoing transfusion
- Perform 2nd check with a permanent member of staff who has an up to date blood administration competency
- Collect blood from the emergency fridge

Where agency staff are working for a continuous period of time in a specific area, within the trust they may attend Blood Transfusion training updates, once completed they may undertake the trusts training and records must be kept by the manager of that department.

Useful Information:

Needlestick & Sharps Injuries Definitions

A sharps injury is defined as an injury where a needle or other sharp object contaminated with blood or other body fluid penetrates the skin. This also includes human bites and scratches that break the skin. Needlestick injuries occur when healthcare workers jab themselves or a colleague with a needle or other sharp medical device, which is contaminated with potentially infected blood or bodily fluid.

Facts

Needlestick and sharps injuries account for 17% of accidents to the NHS staff second only to moving and handling at 18%. Contaminated needles can transmit more than 20 dangerous blood-borne pathogens. Needle stick and sharps injuries can have devastating effects on the members of staff concerned. Over 40,000 incidents are reported each year and at least as many go unreported. It is therefore really important that you protect yourself and your colleagues as much as possible.

Key Ways of Preventing Sharps and Needle stick Injuries

Before use:

- Identify how exposure could be eliminated
- Allow consideration of possible alternative systems
- Eliminate the unnecessary use of sharps
- Wear the correct gloves for all activities that have been assessed as carrying a risk, including sharp or contaminated instruments
- Always seek assistance when dealing with any patient whose condition or mental state may increase the risk of a sharps injury occurring

During use:

- Sharps must not be passed directly from hand to hand
- All sharps handling should be kept to a minimum

- Do not recap, bend, break or disassemble needles before use or disposal
- Staff must take responsibility for the safe disposal of all items
- If you are unsure of safe disposal, ask someone who knows, no sharps items should be disposed of with normal domestic waste.

Reporting of an Incident

All sharps and needlestick injuries are RIDDOR reportable; you must inform your MedicsPro consultant as soon as possible if you are injured.

MRSA Information

What is MRSA?

MRSA (sometimes referred to as the Superbug) stands for methicillin-resistant Staphylococcus Aureus. It is a bacterium from the Staphylococcus Aureus family.

Staphylococcus Aureus (SA) is a type of bacteria. About 1 in 3 of us carries it on the surface of our skin or in our nose without developing an infection – this is known as being colonised by the bacteria. However, if SA bacteria get into the body through a break in the skin they can cause infections such as boils, abscesses, or impetigo. If they get into the bloodstream they can cause more serious infections.

Most SA infections can be treated with antibiotics such as methicillin (a type of penicillin). However, SA is becoming increasingly resistant to most commonly used antibiotics. MRSA bacteria are those types of SA bacteria that are resistant to methicillin (and usually to some of the other antibiotics that are normally used to treat SA infections). MRSA is no more infectious than other types of SA bacteria. However, MRSA infections are more difficult to treat due to the antibiotic-resistance of the bacteria. Antibiotics can still be used to treat MRSA – the infection may simply require a much higher dose over a much longer period, or the use of an antibiotic, to which the bacteria is not resistant.

What are the symptoms of MRSA?

Staphylococcus Aureus (SA) bacteria are common, and about one in three people are colonised by a bacteria. Most of those who are colonized with SA do not develop an infection and so do not have any symptoms. However, if SA bacteria are able to enter the body they can cause infection. The symptoms will depend on the type of infection they cause.

Most SA infections are skin infections, including:

- Boils (pus-filled infections of hair follicles)
- Abscesses (collections of pus in pockets under the skin)
- Styes (infection of glands in the eyelid)
- Carbuncles (infections larger than an abscess, usually with several openings to the skin)
- Cellulitis (infection of the skin and the fat and tissues that lie immediately beneath it)
- Impetigo (a skin infection that produces pus-filled blisters)

You should keep an eye on minor skin problems like spots, cuts or burns. If you have a wound that becomes infected you should see your doctor. Although most SA infections are skin infections, if SA bacteria are able to enter the bloodstream (bacteraemia) they can affect almost any part of the body. They can cause:

- Septicaemia (blood poisoning)
- Septic shock (widespread infection of the blood that leads to a fall in blood pressure and organ failure)
- Severe joint problems (septic arthritis)
- Bone marrow infection (osteomyelitis)

- Internal abscesses anywhere within the body
- Lung infection (pneumonia)
- Infection of the heart lining (endocarditis)

SA bacteria can also cause scalded skin syndrome and, very occasionally, toxic shock syndrome.

What are the causes of MRSA?

When bacteria encounter an antibiotic, such as methicillin, some of the bacteria may survive. Bacteria can mutate (change), so those bacteria that survive may develop a resistance to the antibiotic. The surviving antibiotic-resistant bacteria can then multiply, ready to infect someone new. In this way, some types of Staphylococcal Aureus bacteria have become resistant to many antibiotics, forming MRSA. MRSA bacteria is usually spread through person-to-person contact with someone who has an MRSA infection, or who is colonized by the bacteria. It can also spread through contact with towels, sheets, clothes, dressings, or other objects that have been used by someone with MRSA. MRSA can also survive on objects or surfaces such as door handles, sinks, floors, and cleaning equipment. MRSA will not normally cause an infection in a healthy person. Although it is possible for those outside hospitals to become infected. MRSA infections are most common in people who are already in hospital and are more likely to develop MRSA infections because they often have an entry point for the bacteria to get into their body, such as a surgical wound, a catheter, or an intravenous tube.

Those who are most at risk of MRSA included those who have:

- A weakened immune system, such as the elderly, newborn babies, or those with a long-term health condition such as diabetes, cancer or HIV/AIDS.
- An open wound
- A catheter (a plastic tube inserted into the body to drain fluid) or an intravenous drip
- A burn or cut on their skin
- A severe skin condition such as leg ulcer or psoriasis
- Recently had surgery
- Have to take frequent courses of antibiotics

Although MRSA infections usually develop in those being treated in hospital, particularly patients in intensive care units and on surgical wards, it is possible for hospital staff or visitors to become infected if they are in one of these higher risk groups.

How is MRSA diagnosed?

MRSA infections are diagnosed by testing blood, urine or a sample of tissue from the infected area for the presence of MRSA bacteria. If MRSA bacteria are found, further tests will be done to see which antibiotics the bacteria do not have resistance to, and so which can be used to treat them.

What is the treatment of MRSA?

Treatment of MRSA depends on whether the person is infected with the bacteria or only colonised. A patient with MRSA infection will be given antibiotics that are still effective (i.e. that the bacteria have not yet become resistant to). Most MRSA infections can be treated with the antibiotics vancomycin or linezolid, which are normally given through injection or intravenously. Most MRSA infections will require treatment in hospital and antibiotic treatment may need to continue for several weeks. If the patient is colonised with MRSA bacteria they do not need any treatment for the illness, but as they can infect themselves or others it is important to remove the bacteria. A special antibiotic cream will be applied to the skin or the inside of the nose to remove the bacteria. The patient may also need to wash skin and hair with an antiseptic shampoo and lotion.

What can I do to control the spread of MRSA?

Hospital staff that encounter patients should maintain very high standards of hygiene and take extra care when treating patients with MRSA. Before and after caring for any patient, make sure you have thoroughly washed and dried your hands. Many hospitals now use fast acting, special antiseptic solutions, like alcohol rubs or gels – you may find dispensers placed by patients' beds and at the entrance to clinical areas for use of staff and visitors. You should wear disposable gloves, for example when changing dressings, handling needles or inserting an intravenous drip.

Clostridium Difficile

What is C.Diff?

Clostridium Difficile (c. Diff) is a bacterium that is present naturally in the gut of around 3% of adults and 66% of children. C. Diff doesn't cause any problems in healthy people. However, some antibiotics that are used to treat other health conditions can interfere with the balance of good bacteria in the gut. When this happened, C.Diff bacteria can multiply and cause symptoms such as diarrhoea and fever.

Because C. Diff infections are usually caused by antibiotics, most cases usually happen in a healthcare environment such as a hospital or care home. Older people are most at risk from infection, with the majority of cases (80%) occurring in people over the age of 65. Most people with a C.Diff infection make a full recovery. However, in very rare cases the infection can be fatal. C.Diff infections can be prevented by good hygiene practices in healthcare environments. However, it is extremely contagious and is spread very easily.

What are the symptoms of C.Diff?

The symptoms of C. Difficile (C. Diff) infection can include:

- Mild to severe diarrhoea
- Blood stained stools
- Fever
- Abdominal cramps

These symptoms are usually caused by colitis (inflammation of the lining of the small intestine). In rare cases, C.Diff can cause an infection of the lining of the abdomen (peritonitis) and blood poisoning (septicemia). In very rare cases C.Diff can cause an infection of the lining of the abdomen (peritonitis) and blood poisoning (septicaemia).

In very rare cases, a C.Diff infection can be fatal. The risk of this is higher in elderly people and people who have other very serious health conditions.

Most people who get a C.Diff infection will get symptoms while they are taking antibiotics. However, symptoms can appear up to 10 weeks after they have finished taking antibiotics.

Where are the causes of C. Diff?

C. Difficile (c.Diff) is an anaerobic bacterium. This means that it doesn't need oxygen to survive and multiply (reproduce). Therefore, it usually survives well in the large intestine where there is very little oxygen available.

C. Diff doesn't usually affect healthy children and adults, because the healthy good bacteria in the intestine keep it in check. However, some antibiotics can interfere with this healthy balance of bacteria. When this happens, C.Diff can begin to multiply and produce toxins (poisons). At this point a person is said to be infected with C.Diff. Once C.Diff bacteria start to produce toxins, the bacteria

can then spread easily. This is because it can produce spores even when exposed to unfavorable conditions, such as being outside of the body. Spores are what bacteria produce so they can multiply.

C. Diff spores leave the body in an infected person's diarrhea. The spores can then contaminate their surroundings, such as toilets, bedclothes, skin and clothing. The spores can also be spread through the air (during bed-making for example). The spores are able to survive for a long time outside of the body unless they are destroyed through very thorough cleaning. This means anyone who comes into contact with contaminated surfaces can easily spread the infection. The spores can then infect other people by entering the body through the mouth.

People most vulnerable to a C. Diff infection are those who:

- Have been treated with broad spectrum antibiotics (antibiotics that can treat different types of bacteria)
- Have had a stay for a long time in a healthcare setting, such as a hospital
- Are over 65 years old
- Have a serious underlying illness or condition
- Have a weakened immune system
- Have had numerous enemas or gut surgery

Most infections occur in places where many people are taking antibiotics, and in close contact with each other, such as hospitals and nursing homes. However, a number of precautions can be put in place to help reduce the spread of the infection (see the prevention section). People who have C. Diff naturally in their gut cannot spread the bacteria to start producing toxins. This is why many people have the bacteria in their body but do not have any symptoms.

How is C. Diff diagnosed?

C. Difficile is diagnosed by carrying out laboratory tests on a sample of the infected person's faeces.

How is C. Diff treated?

C. Difficile can be treated with certain antibiotics, and in some cases, probiotic (good bacteria) treatments may be prescribed.

Prevention

Unfortunately, C. Difficile bacteria can spread easily, particularly in healthcare environments. However, a number of precautions can be taken to reduce the risk of infection.

Healthcare workers should wear disposable aprons when caring for anyone who has a C. Difficile infection. Whenever possible, people who are infected with C. Difficile will have their own room and own toilet facilities to avoid passing the infection to others.

Staff, patients, and visitors should be encouraged to wash their hands regularly and thoroughly.

Thorough cleaning using water and detergent is an effective way of killing any spores that have transferred onto a person's skin or clothes.

Alcohol hand gel should also be used. However, it does not kill the spores, so the additional use of water and detergent is essential. Surfaces that may have come into contact with the bacteria or spores, such as toilets, the floor around the toilets, bedpans and beds, should also be cleaned thoroughly with water and disinfectant.

Duty of Candour & Being Open Policy

The requirement under Regulation 20: Duty of Candour of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is to ensure that providers are open and transparent with people who use their services in relation to care and treatment and sets out specific requirements to follow when things go wrong. The effects of harming a service user can be widespread and can have devastating emotional and physical consequences for the individual, their families and carers as well as being distressing for staff involved. Being Open about what happened and discussing events promptly, fully, openly, honestly and compassionately can help service users, their families, carers and staff cope better with the after effects. It is a legal requirement to comply with the requirements of the Duty of Candour process. This policy applies to all MedicsPro Staff.

Definitions

Apology: an expression of sorrow or regret in respect of a notifiable safety incident; it is not an admission of guilt

Being Open: enabling concerns and complaints to be raised freely without fear and questions asked to be answered

Transparency: allowing information about the truth about performance and outcomes to be shared with staff, people who use the service and regulators

Candour: any person who uses the service harmed by the provision of a service provider is informed of the fact and an appropriate remedy offered, regardless of whether the complaint has been made or a question asked about it

Claim: a claim for compensation in respect of adverse incidents, which led to personal injury

Employer's Liability: claims for compensation for injury or ill health to staff arising out of work

Public Liability: claims for injuries to service users following an accident whilst receiving personal care from the company

Complaint: an expression of dissatisfaction by a service user and/or their family about MedicsPro's action or lack of action, or about the standard of a service

Harm: injury (physical or physiological), disease, suffering, disability or death

Safety Incident: any unintended or unexpected incident that could have or did lead to harm of any patient receiving healthcare within the Trust

Root Cause Analysis: a systematic approach in which contributing factors to any event are identified, and in which understanding of the underlying causes and environmental context of the event is sought

Responsibilities

Director: accountability for ensuring changes are implemented and that their effectiveness is reviewed

Senior Management: in the event of a serious situation, the most senior manager involved in the individual's care will be the person who has primary communication with the service user

Managers: have responsibility for ensuring that Being Open and Duty of Candour requirements are appropriately implemented and supported in the delivery of personal care services and for fostering a culture of learning, including any required changes in practice identified as a result of the Being Open process

Staff: All staff involved in or a witness to a safety incident must inform their line manager immediately to enable them to provide advice, guidance and support and to instigate an investigation

Process

Duty of Candour

- Communicating openly, honestly and sympathetically with service users and their families, carers or representatives about their care
- If a safety incident occurs, acknowledge what has happened and apologise for the harm that may have resulted and explain clearly what went wrong and what is being done in response to the incident as soon as possible. This includes involving the service user appropriately in any investigation and keeping them updated about its progress
- Use the results of investigations to explain to the service user how lessons are being learnt to help prevent the incident recurring
- Provide support to the service user to help them cope with any physical and/or psychological consequences of what happened

For staff, duty of candour and Being Open has several benefits including:

- Openness about what has happened and discussing service user safety incidents promptly, fully and compassionately helping service users cope better with the after effects
- Openness when things go wrong is fundamental to the partnership between service users, MedicsPro and its staff
- Improving the understanding of incidents from the perspective of the service users and/or their carers
- The knowledge that lessons learnt from incidents will prevent them from happening again
- Having a good professional reputation for handling a difficult situation
- Staff are open about incidents that have been involved in and feel able to talk to their colleagues about any incident
- Staff are treated fairly and are supported when an incident happens

A culture of openness ensures communication is open, honest and occurs as soon as possible following an incident or when a poor outcome has been experienced.

Stage 1 - Detection and recognition

A safety incident may be identified by:

A member of staff at the time of the incident

A member of staff retrospectively when an unexpected outcome is detected

A service user, their family or carer who expresses a concern or dissatisfaction with the provision of personal care services at the time of the incident or retrospectively

Incident reporting

As soon as it is practicable after becoming aware that a notifiable safety incident has occurred, the top priority is prompt and appropriate continuity of care and the prevention of further harm. If the incident is considered to have caused moderate or severe harm or caused the death of a patient then it will be subject to Duty of Candour requirements. Events that give rise to incidents, complaints or claims are almost always unintentional. However, if at any stage it is determined that harm may have been the result of a criminal or intentionally unsafe act, the Director must be notified immediately. Where a safety incident has occurred that relates to care delivered by another provider, the individual who first identifies the possibility of an earlier safety incident should notify their line-manager. The manager should contact their equivalent with the provider where the safety incident occurred and establish if the safety incident has already been recognised, the process of being open has commenced and that the incident investigation and analysis is underway. Individual staff who are professionally registered will also have a separate

professional duty of candour, which is overseen by professional regulatory bodies such as the Nursing and Midwifery Council for Registered General Nurses. In these instances a full investigation will be completed as per this policy, the result of which may be the requirement to escalate a referral to the appropriate professional regulatory body.

Stage 2 - Preliminary Discussions

A preliminary meeting will take place as soon as is practicable possible after the event to:

Establish the facts

Assess the incident to determine the risk and level of immediate response

Identify who will be responsible for discussions with the service user, family or carer

Consider the appropriateness of engaging service user support

Identify immediate support needs for staff involved

Ensure consistent approach by all staff around discussions with the service user, family or carer

Stage 3 - Communication with the Service User

The initial Being Open discussion with the service user, family or carer is the first part of an ongoing communication process and the seniority of the person will be dependent on the severity of the issue.

It should occur as soon as possible after recognition of the event and where moderate or severe harm is deemed to have occurred this should be verbal or face to face and must take place within 10 working days of the incident being declared.

The service user, their family or carer should be advised of the identity and role of all those people attending, before the meeting takes place to allow for opportunity to state their own preferences about

Incident

Level of Response

No harm (near miss)

Service Users are not usually contacted or involved in investigations and these types of events are normally outside the scope of the Being Open policy. However, there may be situations where it is considered appropriate to inform service users of these type of events.

Low harm

Unless there are specific indications or the service user requests it, the communication, investigation, analysis and implementation of changes will occur at local level, with the participation of those directly involved. Communication should occur locally and take the form of an open discussion between the staff providing the service user's care and the service user, their family and/or carer.

Severe or moderate harm or death

A higher level of response is required in these circumstances, in accordance with the Accident, Incidents and Near Misses policy and, potentially, with communication being led by a Senior Manager responsible for the service users care. Duty of Candour requirements must be adhered to within the stated timescales. All relevant regulatory bodies will be informed immediately, including the Care Quality Commission using the appropriate notification form.

Modern Slavery & Human Trafficking Statement

The Modern Slavery Act 2015 requires large employers to be transparent about their efforts to eradicate Slavery and Human Trafficking in their supply chain. The Act makes provisions about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims. In accordance with the Act, this statement articulates our policies and practices around recognizing and preventing human trafficking and slavery in the global supply chain.

Policies and Procedures – Recruitment and Employment Confederation

Urban Recruitment Group Ltd are members of the Recruitment and Employment Confederation (REC). The REC Code of Professional Practice has been created to ensure that all members of the REC conduct their business ethically, to the highest standards and promote good practice. It is binding on all corporate members.

Urban Recruitment Group Ltd adheres to the REC Code, which requires basic statutory compliance as well as higher ethical standards in 10 principles

- Respect for Laws
- Respect for Honesty & Transparency
- Respect for Work Relationships
- Respect for Diversity
- Respect for Safety
- Respect for Professional Knowledge
- Respect for certainty of Engagement
- Respect for prompt & accurate payment
- Respect for Ethical International Recruitment
- Respect for Confidentiality & Privacy

Performance Indicators

Our Compliance Function uses the following indicators to measure the effectiveness in ensuring that slavery and human trafficking is not taking place in the business or our supply chains

- Checking addresses that show high occupancy of particular houses of agency workers
- Checking mobile phone number that show a number of unrelated workers contractable through one number

Training

To ensure a high level of understanding of the risks of modern slavery and human trafficking in our supply chains and our business, we provide training to relevant members of staff. All Directors have been briefed on the subject.

Key Information Document (PAYE)

This document sets out key information about your relationship with us, including details about pay, holiday entitlement and other benefits.

The Employment Agency Standards (EAS) Inspectorate is the government authority responsible for the enforcement of certain agency worker rights. You can raise a concern with them directly on **020 7215 5000** or through the **Acas helpline** on **0300 123 1100**, Monday to Friday, 8am to 6pm.

General Information

| | |
|--|---|
| Your name: | |
| Name of employment business: | MEDICSPRO LTD |
| Your employer (if different from the employment business): | MEDICSPRO LTD |
| Type of contract you will be engaged under: | Temporary/ Ad hoc/ Shift basis |
| Who will be responsible for paying you (if different from your employer): | MEDICSPRO LTD. |
| How often you will be paid: | PAYROLL RUNS TWICE PER WEEK (TUESDAYS/ FRIDAYS) |
| Expected or minimum rate of pay: | NATIONAL LIVING WAGE £9.50 |
| Deductions from your pay required by law: | PAYE TAX/ NIC/PENSION CONTRIBUTION |
| Any other deductions or costs from your pay (to include amounts of how they are calculated): | N/A |
| Any fees for goods or services: Services are OPTIONAL and will not be applicable should you decide not to use them | One off optional costs include: DBS processing External training provider certificate |
| Holiday entitlement and pay: | Depending on hours/ days worked to a maximum of 28 days per year (29 days for year 2022/2023) |
| Additional benefits: | |

Example -Minimum Weekly Pay

Contractor works 40h/pw

Enrolled in pension scheme at 5% contribution

Entitled to full annual Personal Allowance £12570

One off optional costs not included or not applicable

| | |
|---|--|
| Example gross weekly rate of pay: | £380.00 |
| Deductions from your wage required by law: | PAYE TAX 20%: -£25.05 NATIONAL INSURANCE 13.25%:-£25.18 PENSION CONTRIBUTION 5%: -£13.00 |
| Any other deductions or costs from your wage: | N/A |
| Example net take home pay: | £316.77 |

Key Information Document (PSC)

This document sets out key information about your relationship with us, including details about pay, holiday entitlement and other benefits.

The Employment Agency Standards (EAS) Inspectorate is the government authority responsible for the enforcement of certain agency worker rights. You can raise a concern with them directly on **020 7215 5000** or through the **Acas helpline** on **0300 123 1100**, Monday to Friday, 8am to 6pm.

General Information

| | |
|--|------------------------------|
| Your name: | |
| Name of employment business: | MedicsPro Ltd |
| Your employer | Name of your Limited Company |
| Type of contract you will be engaged under: | Contract for services |
| Who will be responsible for paying you (if different from your employer): | |
| How often you will be paid: | Weekly |
| Expected or minimum rate of pay: | National Living Wage £9.50 |
| Deductions from your pay required by law: | |
| Any other deductions or costs from your pay (to include amounts of how they are calculated): | £0 |
| Any fees for goods or services: | £0 |
| Holiday entitlement and pay: | |
| Additional benefits: | |

Example Pay

| | |
|-------------------------------------|---------|
| Example rate of pay (40h per week): | £380.00 |
|-------------------------------------|---------|

Deductions from your wage required by law:

| | |
|---|--|
| Any other deductions or costs from your wage: | |
|---|--|

| | |
|----------------------------|---------|
| Example net take home pay: | £380.00 |
|----------------------------|---------|

Signing on as a Personal Services Company (PSC)

This document explains your pay information if you engage as a personal service company. If you engage with an employment business as a personal service company, then you can opt out of being covered by the conduct regulations.

The opt out must be given in writing to the employment business by both the PSC and the person being supplied to do the work. The employment business cannot encourage you to do this and it must be your own decision.

Agency workers placed in roles working with, or caring for, vulnerable persons cannot opt out of the Conduct Regulations.

This document is for information only and does not qualify as an agreement for opting out of the conduct regulations.

Key Information Document (PSC)

This document sets out key information about your relationship with us, including details about pay, holiday entitlement and other benefits.

The Employment Agency Standards (EAS) Inspectorate is the government authority responsible for the enforcement of certain agency worker rights. You can raise a concern with them directly on **020 7215 5000** or through the **Acas helpline** on **0300 123 1100**, Monday to Friday, 8am to 6pm.

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| Your employer | Name of your Limited Company |
| Type of contract you will be engaged under: | Contract for services |
| Who will be responsible for paying you (if different from your employer): | |
| How often you will be paid: | Weekly |
| Expected or minimum rate of pay: | National Living Wage £9.50 |
| Deductions from your pay required by law: | |
| Any other deductions or costs from your pay (to include amounts of how they are calculated): | £0 |
| Any fees for goods or services: | £0 |
| Holiday entitlement and pay: | |
| Additional benefits: | |

Example Pay

| | |
|---|---|
| Example rate of pay (40h per week): | £380.00 |
| Deductions from your wage required by law (when operating inside IR35): | PAYE TAX 20% = -£25.05 NATIONAL INSURANCE = 13.25% = -£25.18 |
| Any other deductions or costs from your wage: | N/A |
| Example net take home pay: | £329.77 |

Signing on as a Personal Services Company (PSC)

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Contact Us

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